

## INSTRUCTIONS FOR NON-RENEWABLE LIMITED SCOPE TEMPORARY MEDICAL PERMIT

Mail completed application to: Professional Licensing Agency  
402 W. Washington Street, Rm. W072  
Indianapolis, IN 46204

1. **FEE** – Submit the one hundred dollar (\$100) fee made payable to Professional Licensing Agency. **Fees are non-refundable and non-transferable.**
2. **PHOTOGRAPH** – Attach one (1) passport type quality photograph of your self taken within the last eight weeks.
3. **PROOF OF GRADUATION** – You may submit proof of graduation by submitting one of the following documents:
  - (a) **OFFICIAL TRANSCRIPT** – An **official** transcript of grades from the medical / osteopathic school, showing degree has been conferred. Graduates of foreign medical schools must submit notarized copies of all subjects and grades (mark sheets). Include official translation if not in English. (SEE NOTARIZED COPY NOTE)
  - (b) **DEGREE** – A notarized copy of your medical / osteopathic degree. Include official translation if not in English. (SEE NOTARIZED COPY NOTE)
4. **PROOF OF CURRENT LICENSE** – Provide proof of current licensure in another state. A notarized copy of your current license (billfold license or pocketcard) which shows your license number and expiration date will be acceptable.

PERMITS ARE NOT AVAILABLE ON A WALK-IN BASIS FROM THE AGENCY. NO EXCEPTIONS.

**NOTE: A Non-Renewable, Limited Scope, Temporary Permit may be issued to an Applicant only once. THIS PERMIT IS VALID FOR A NON-RENEWABLE PERIOD OF NO MORE THAN THIRTY (30) DAYS.**

**NOTARIZED COPY NOTE: Any notarized copy of an original document must have the notary public make a statement of the fact that the notary has seen the original document.**

THE NON-RENEWABLE, LIMITED SCOPE, TEMPORARY MEDICAL PERMIT SHALL BE LIMITED TO A SPECIFIC ACTIVITY, FUNCTION, SERIES OF EVENTS OR PURPOSE, AND TO A SPECIFIC GEOGRAPHIC AREA WITHIN THE STATE, WHICH LIMITATIONS SHALL BE STATED ON THE FACE OF THE PERMIT. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THIS OFFICE AT (317) 234-2060 OR VIA EMAIL AT [pla3@pla.in.gov](mailto:pla3@pla.in.gov)